



-DATA COLLECTION FORM-

All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

Pupil Surname		Legal Surname	
Pupil Forename(s)		Chosen Name	
Date of Birth		Gender M/F	
Full Address Including Post Code			

Parent Name <i>Priority 1</i>				Parent Name <i>Priority 2</i>			
Home telephone				Home telephone			
Mobile number				Mobile number			
Work number				Work number			
email				email			
Parental Responsibility		YES <input type="checkbox"/> NO <input type="checkbox"/>		Parental Responsibility		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please give details of all **other** persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency – continue overleaf if necessary.

Emergency Contact 1				Emergency Contact 2			
Name				Name			
Relationship to family				Relationship to family			
Home telephone				Home telephone			
Mobile number				Mobile number			
Work number				Work number			
<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communication</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted as an emergency contact</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Permission to be contacted by email/text for routine school communications</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Medical Practice <i>(please include practice name, address and telephone number)</i>											
Please specify any medical condition(s) and continue overleaf if necessary:											
Country of Birth	Nationality	Ethnicity		Home Language	First Language	Religion					
Travel Arrangements						Dietary Needs					
<input type="checkbox"/> Walk <input type="checkbox"/> Bicycle <input type="checkbox"/> Car/Van <input type="checkbox"/> Car Share <input type="checkbox"/> School Bus <input type="checkbox"/> Other						<input type="checkbox"/> School Meal <input type="checkbox"/> Free School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home					

Data Protection Legislation: The school is registered with the Information Commissioner for holding and processing of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other agencies including the Local Authority and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

Please note that you have the right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfill our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting (insert relevant school email address).

Signed	
Print Name	
Date	